

VSP Vision PPO EMPLOYER SPONSORED Benefit and Rate Sheet

Available in all states excluding CA and CO¹
Group Size: 3+

| PPO EMPLOYER SPONSORED VSP VISION PLANS | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------|-------------------------------------|---|
| Plan Name | CHOICE A \$10/\$25/\$150 0096 | CHOICE B \$10/\$25/\$160 0097 | CHOICE B \$0/\$180 0098 | CHOICE C \$10/\$10/\$180 0099 | CHOICE C \$20/\$200 EASYOPTIONS ² LIGHT CARE ³ 0100 |
| Network | PPO CHOICE IN-NETWORK | PPO CHOICE IN-NETWORK | PPO CHOICE IN-NETWORK | PPO CHOICE IN-NETWORK | PPO CHOICE IN-NETWORK |
| Benefit Frequency | | | | | |
| Exam/Lens/Frame | Every 12/24/24 months | Every 12/12/24 months | Every 12/12/24 months | Every 12/12/12 months | Every 12/12/12 months |
| Deductible/Copay | | | | | |
| Exam | \$10 | \$10 | \$0 | \$10 | \$20 |
| Lens/Frame | \$25 | \$25 | | \$10 | |
| Benefits (After Deductible/Copay) | | | | | |
| Exam | 100% | 100% | 100% | 100% | 100% |
| Lenses - Single | 100% | 100% | 100% | 100% | 100% |
| Lenses - Bifocal | 100% | 100% | 100% | 100% | 100% |
| Lenses - Trifocal | 100% | 100% | 100% | 100% | 100% |
| Lenses - Enhancements | Subject to copays | Subject to copays | Subject to copays | Subject to copays | Subject to copays |
| Frame | \$150 ⁴ | \$160 ⁴ | \$180 ⁴ | \$180 ⁴ | \$200 ⁴ |
| Contacts - Elective (In lieu of glasses) | \$150 allowance | \$160 allowance | \$180 allowance | \$160 allowance | \$200 allowance |
| Fit & Follow-up Exam | Up to \$60 copay | Up to \$60 copay | Up to \$60 copay | Up to \$60 copay | Up to \$60 copay |
| Medically Necessary | 100% | 100% | 100% | 100% | 100% |
| Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice. | | | | | |
| Member Only | \$6.85 | \$8.59 | \$9.71 | \$10.08 | \$11.09 |
| Member + Spouse/DP | \$11.17 | \$14.63 | \$16.88 | \$17.64 | \$19.66 |
| Member + 1 Child | \$11.17 | \$14.63 | \$16.88 | \$17.64 | \$19.66 |
| Member + Children | \$11.78 | \$15.48 | \$17.88 | \$18.71 | \$20.86 |
| Member + Family | \$17.33 | \$23.23 | \$27.06 | \$28.37 | \$31.83 |
| Rate Guarantee | 2 years | 2 years | 2 years | 2 years | 2 years |

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carriers Summary of Benefits.

¹ VSP Vision plans are available to groups of 3 or more enrolled employees. Group can be headquartered in any state, except CA or CO. CO employees can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

² EasyOptions - Choose your upgrade - \$260 Frame Allowance, or Anti-glare Lenses, or Progressive Lenses, or Light-reactive Lenses, or in lieu of glasses a \$260 Contact Lens allowance. VSP EasyOptions plan benefits are not available at retail chains such as Walmart®, Sam's Club®, or Costco.

³ LightCare - You can use your fram and lens benefit to get non-prescription (ready-to-wear) eyewear from your VSP network doctor. Such as non-prescription sunglasses or blue light filtering glasses.

⁴ Coverage with a retail chain, Walmart®, Sam's Club®, or Costco may be different or not apply; such as \$90 Frame Allowance at retail chain. Before seeking services, contact VSP to find a VSP provider or a retail chain to discuss their allowances.